

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						08/983318		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	
2		1		1	-		52	
3		2		1			53	
4		2		1			54	
5		1		1			55	
6	1		1				56	
7		1		1			57	
8		1		1			58	
9		3		1			59	
10							60	
11							61	
12							62	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	1	2	1			TOTAL IND.	
TOTAL DEP.	11	1	7	1			TOTAL DEP.	
TOTAL CLAIMS	13	1	9	1			TOTAL CLAIMS	